

PATENT APPLICATION SERIAL NO. 10/517660

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

12/21/2004 GFREY1 00000080 10517660

01 FC:1631	300.00 OP
<del>02 FC:1632</del>	<del>500.00 OP</del>
03 FC:1633	200.00 OP

Adjustment date: 05/31/2005 SNAJARRO  
12/21/2004 GFREY1 00000080 10517660  
02 FC:1632 -500.00 OP

05/31/2005 SNAJARRO 00000156 10517660

01 FC:1642 400.00 OP

Repln. Ref: 05/31/2005 SNAJARRO 0014430100  
DAH:150461 Name/Number:10517660  
FC: 9204 ~~\$100.00 CR~~

Refund Ref:  
06/01/2005 SNAJARRO 0000144982

CHECK Refund Total: \$100.00

PTO-1556  
(5/87)

6-1-05AD  
**APPROVED**

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

<b>1 Date of Request:</b> _____		<b>2 Serial/Patent #</b> <u>10/57660</u>	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 100
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

	<b>7 TOTAL AMOUNT OF REFUND</b>	\$ 100
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<b>8 TO BE REFUNDED BY:</b>	
<b>10 REASON:</b>	<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <span style="border: 1px solid black; padding: 2px;">1 5 -- 0 4 6 1</span>
<input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): _____	

<b>11 REFUND REQUESTED BY:</b>	
<b>TYPED/PRINTED NAME:</b> <u>John Anderson</u> <b>SIGNATURE:</b> <u>[Signature]</u> <b>OFFICE:</b> <u>PCT / DO / EO</u>	<b>TITLE:</b> <u>Paralegal Specialist</u> <b>PHONE:</b> <u>308-9140 ext 211</u>

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

<b>APPROVED:</b> <u>[Signature]</u>	<b>DATE:</b> <u>6-1-05</u>
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**